

The Use of Remifentanil as the Primary Agent for Analgesia in Parturients



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KEYWORDS

- Ultiva • Remifentanil • Obstetric analgesia • Analgesia in parturients
- Opioids in pregnancy

KEY POINTS

- In parturients desiring analgesia for labor, there are limited alternatives to neuraxial anesthesia techniques. Remifentanil is an alternative.
- The significance of remifentanil use as the primary analgesic in parturients for whom neuraxial anesthesia is not an option is explored in detail.
- Recommendations regarding the use of remifentanil for labor pain can provide safe anesthesia delivery while enhancing the provision of care to parturients.

To achieve optimal patient outcomes in anesthesia patients, it is important to consider multiple options for pain control, especially when traditional options pose a problem or are not options. In particular, there are parturient clients for whom the use of neuraxial anesthesia (epidural and spinal blockade) is not an option. In these cases, an alternative option that warrants consideration for patient centered anesthesia practice is the use of remifentanil (Ultiva). Guidelines for the use of remifentanil in obstetric patients are sparse, poorly developed, and not readily available to anesthesia practitioners.

PAIN ASSOCIATED WITH LABOR

There is no question about the amount and extent of pain associated with child birth. There are some common interventions used to ameliorate pain, including the use of epidural anesthesia. However, there are several reasons that an epidural may be contraindicated during labor, including the presence of coagulopathies, anticoagulation therapy, prior back surgery, patient refusal, or the inability to safely place an epidural. In labor patients for whom neuraxial anesthesia is not an option, there are limited alternative choices that have been explored or considered. Once such possibility deserving of consideration is the use of the opioid remifentanil as the primary analgesic for the management of pain associated with labor.

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Olufolabi and colleagues¹ identified “that the cyclical pattern of labor pain, as compared with continuous postoperative surgical pain, would benefit from bolus delivery of a short-acting drug that produced its analgesic effect only during contractions and was without significant maternal and fetal side effects.” One such drug that should be considered is remifentanil.

THE IMPORTANCE OF EXPLORING REMIFENTANIL AS AN OPTION FOR TREATING LABOR PAIN

The use of remifentanil in the parturient as the primary analgesic is significant for several reasons, the most salient of which is the basic human right to the management of pain. Pain, as defined by the International Association for the Study of Pain, is “an unpleasant sensory and emotional experience associated with actual or potential tissue damage.”² Labor is a cause of severe pain for many women and is a problem that should be addressed and managed in accordance with the needs and wishes of the individual patient. Interventions that alleviate or eliminate pain are not merely a matter of beneficence, but also form part of the duty to prevent harm.³

The variations in pain perception among women in labor creates an essential component in the administration of anesthesia in the provision of patient-centered anesthesia care. One recent study identifies that the perception of labor pain was equivalent to a digit amputation without anesthesia.⁴ Even though variability regarding the intensity of pain exists among women during labor, the majority of women do experience more than minimal pain during this time.⁵ Negative psychological effects of pain associated with labor can occur in some women. “Psychological harm can be experienced through the provision or withholding of labor analgesia, underscoring the tremendous variability in the meaning of labor pain for different women.”⁵ Interventions to alleviate pain in labor have effects on much more than the physical aspects of pain, but also include the emotional and psychological factors.

Epidural analgesia is considered the standard for pain management during labor.⁵ Access to pain management is a right that is fundamental and should not be withheld or denied to any patient regardless of age, ethnicity, or socioeconomic status. This right is violated if a parturient is unable to partake in standard methods used for managing the pain of labor. The significance of analgesia during labor is related to the access parturients have to care. “Equity is concerned with maximizing fairness in the distribution of healthcare services...and minimizing disparities in health.”⁶ By using an intervention such as remifentanil, the alleviation of pain associated with labor encompasses a greater portion of this population.

A patient’s perception of their analgesic regimen is also a concern. It is central for a provider to address this intervention that is rooted in reliable evidence. The use of patient-controlled analgesia (PCA) puts the patient in control when dosing of medication occurs and is considered the gold standard for acute pain management.⁷ Patient satisfaction with remifentanil as a primary analgesic for labor pain is an important topic within this context. There is evidence that maternal satisfaction is influenced by factors other than age, ethnicity, socioeconomic status, pain, medical interventions, and continuity of care, when women evaluate their childbirth experiences. These overriding factors have been identified as personal expectations, the amount of support from caregivers, quality of the caregiver–patient relationship, and maternal involvement in decision making. The results of pain, pain relief, and intrapartum medical interventions on the satisfaction of parturients are not as obvious, direct, or powerful as the influences and impact of the attitudes and behaviors of caregivers.⁸

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